

State of Idaho
DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398
agent@doi.idaho.gov

**STATE-TO-STATE CHANGE OF ADDRESS
FOR INDIVIDUAL OR BUSINESS ENTITY**
PLEASE FILL IN ALL BLANK SPACES

Date: _____ License Number: _____ Soc. Sec./FEIN#: _____

Name: _____

Signature: _____

We will verify that you are resident-licensed in the new domicile state via NIPR.

The Idaho Code requires an individual or business (licensee) to have an address accessible to the public, which cannot be a post office box. ***The business and residence address provided must be a physical address. The mailing address can be a post office box.***

Residence Address:

(Apartment # if applicable)

Residence Phone #

Business Name:

Business Address:

(Please include suite
number if applicable)

Business Phone #

Ext.

Toll Free #

Fax Number:

E-Mail Address

Mailing Address:

(If PO Box, indicate if

business ☐ or personal ☐)

Please mail this form with your current license copy to the address at the top of the page. An amended license copy will be sent to your new address. Please contact Licensing, 208-334-4250, if you have any questions.